

73  
43  
121

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 0817312

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
NO	DEP	NO	DEP	NO	DEP	NO	DEP
1							
2							
3	2		2				
4	2		2				
5	2		2				
6	2		2				
7	2		2				
8	2		2				
9	2		2				
10	2		2				
11	2		2				
12	2		2				
13	2		2				
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26	2		2				
27	2		2				
28	2		2				
29	2		2				
30	2		2				
31	2		2				
32							
33							
34	2		1				
35	2		1				
36	2		1				
37	2		1				
38	2		1				
39	2		1				
40	2		1				
41	2		1				
42	2		1				
43	2		1				
44	2		1				
45	2		1				
46	2		1				
47	2		1				
48	2		1				
49							
50	2		1				
TOTAL NO.							
TOTAL DEP.							
TOTAL CLAIMS							

  

51					
52	2		1		
53	2		1		
54	2		1		
55			1		
56			1		
57			1		
58			1		
59			1		
60			1		
61			1		
62			1		
63			1		
64			1		
65			1		
66			1		
67			1		
68			1		
69			1		
70			1		
71			1		
72			1		
73	1		1		
74					
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86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL NO.	5		0		
TOTAL DEP.	121		32		
TOTAL CLAIMS	126		32		